



Saskatchewan Baton Twirling Association

Membership Assistance Program ~ Follow-up Report

(Please print)

Did the project meet the stated purpose? _____

Project Assessment: _____

I hereby certify the above information is correct and factual.

President / Chairperson's Signature

Date

Deadline for submission is November 1st

** Please attach all receipts verifying expenditures **

Name of Applicant (Club)

Contact Person

Address

City PC

Phone: (H)

(W)

e-mail

ACTUAL PROJECT COST

MAP GRANT RECEIVED \$

REVENUE:

SELF HELP:

Revenue list with dollar signs

TOTAL REVENUE: \$

EXPENSES:

Expenses list with dollar signs

TOTAL EXPENSES: \$

